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APPLICANTS

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** CONTINUING DATA ***** *BM*

** FOREIGN APPLICATIONS ***** *BM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/26/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 15	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 27581
 MEDTRONIC, INC.
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 MINNEAPOLIS , MN
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TITLE
 Deflectable medical therapy delivery device having common lumen profile

FILING FEE RECEIVED 1092	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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